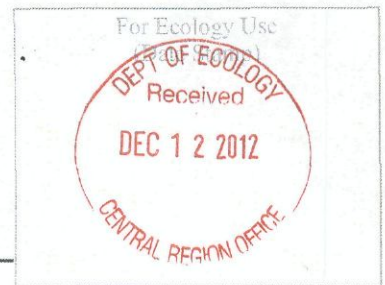




Application for Change/Transfer of Water Right



For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION IF FILED WITH THE DEPARTMENT OF ECOLOGY

C54-30388P

49 OKANOGA

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change point(s) of diversion/withdrawal
- ☒ Add point(s) of diversion/withdrawal
- ☐ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	12-03-12
CHECK NO.	35115 FEE \$ 1000.00
DATE ACCEPTED	12-05-12 BY Board
CHANGE NO.	OKAN-12-06
COUNTY	OKANOGA WRIA 49
SPECIAL AREA	
SEPA: <input type="checkbox"/> EXEMPT <input checked="" type="checkbox"/> NOT EXEMPT	01-28-2013
ECY CODING:	001-002-WR10285-000011
APP NO.	PERMIT NO.
CERT NO.	CERT OF CHG NO.

☐ I have participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Gebbers Farms, Inc (attn: Tory Wulf)	509-689-3424	509-689-2997
ADDRESS		
PO Box 7		
CITY	STATE	ZIP CODE
Brewster	WA	98812
EMAIL ADDRESS (IF AVAILABLE)		
twulf@gebbersfarms.com		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Gene St. Godard	509-953-9395	
ADDRESS		
PO Box 28755		
CITY	STATE	ZIP CODE
Spokane	WA	99228
EMAIL ADDRESS (IF AVAILABLE)		
stgod@comcast.net		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
Gebbers Farms (attn: Tory Wulf)	509-689-3424	509-689-2997
ADDRESS		
PO Box 7		
CITY	STATE	ZIP CODE
Brewster	WA	98812
EMAIL ADDRESS (IF AVAILABLE)		
twulf@gebbersfarms.com		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
S4-30388P	Gebbers Farms, Inc
DO YOU OWN THE RIGHT TO BE CHANGED? X YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? X YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Okanogan River/Wells Pool	1	SW	NE	9	31N	25E	6600030000	N/A

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Okanogan River/Wells Pool	1	SW	NE	9	31N	25E	6600030000	N/A
Okanogan River/Wells Pool	2	S1/2	SE	22	31N	25E	3125270033	PUD River Lob Pumps

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
EXISTING: ☐ YES X NO PROPOSED: ☐ YES X NO – IF NO, PROVIDE OWNER(S) NAME: Existing and Proposed POD is on PUD/DNR property parcel No. 6600020000 and 3125270033. Access to property and use of pumping station is approved under DNR lease agreement No. 12-067588.

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation (note 1)	5.7 cfs	1200	April 1 to October 31
Frost Protection (note 1)		45.2	March 1 to April 30

Note 1: certificate is for 1200 acre-feet per year for irrigation of 300 acres from April 1 to October 31; 45.2 acre-feet per year to be used for frost protection from March 1 to April 30.

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
No Change			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
NE¼ NE¼, S½ NE¼, N½ SE¼, SE¼ SE¼ Section 6; E½ NE¼ NE¼ Section 7; W½ NW¼ and SE¼ NW¼ Section 8; all in T.31N., R.25E.W.M.							
SW ¼ SE ¼, SE ¼ SW ¼ and that portion of SE ¼ SE ¼ and of the south 15 chains, 16 links of Government Lot 5 lying west of the County Road in Section 31, T.32N., R.25E.W.M., Okanogan County, Washington.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		6,7,8	31N	25E	Okanogan	multiple	
		31	32N	25E	Okanogan	multiple	
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES X NO							
IF NO, PROVIDE OWNER(S) NAME: Property and use is approved under DNR lease agreement No. 12-067588.							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
No Change							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? X YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): There are no other water rights irrigating the property, however, there are multiple rights using the new POD including: S4-30151P, S4-30391P, S4-30389P, S3-20176P, 15917P, and R4-26153P.

6. Remarks and Other Relevant Information:

RCW 90.03.397 -Department may approve change of the point of diversion prescribed in a permit to appropriate surface water — requirements.

(1) The department may approve a change of the point of diversion prescribed in a permit to appropriate surface water for a beneficial use if the ownership, purpose of use, season of use, and place of use of the permit remain the same to an approved intake structure with capacity to transport the additional diversion to either: (a) A point of diversion that is located downstream; or (b) a point of diversion located between Columbia river miles 215.6 and 292, if the existing point of diversion is contained therein.

This transfer is requesting to add a point of withdrawal that is already approved and being utilized for other state issued certificates and permits, is located downstream, and can handle the additional capacity

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Gebbers Farms, Inc. Applicant Printed Name – Title	 Applicant Signature	10/2/12 (Date)
Gebbers Farms, Inc Water Right Holder Printed Name	 Water Right Holder Signature	10/2/12 (Date)
Gebbers Farms, Inc. Land Owner of Existing Place of Use Printed Name	 Land Owner of Existing Place of Use Signature	10/2/12 (Date)
N/A/ Land Owner of Proposed Place of Use Printed Name	 Land Owner of Proposed Place of Use Signature	 (Date)

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED
- ☐ MAP NOT INCLUDED or INCOMPLETE
- ☐ ADDITIONAL SIGNATURES REQUIRED
- ☐ SECTION _____ IS INCOMPLETE
- ☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____

ATTACHMENT FOR
Application for Change/Transfer of Water Right

Point(s) of Diversion/Withdrawal - ☐ Existing ☐ Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

Purpose(s) of Use - ☐ Existing ☐ Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

Place of Use - ☐ Existing ☐ Proposed:

LEGAL DESCRIPTION OF LANDS							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☐ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____